

**Fee: \$20.00 per MMA Official Category**

**KENTUCKY BOXING AND WRESTLING AUTHORITY  
APPLICATION FOR LICENSE  
AS A MIXED MARTIAL ARTS OFFICIAL**

**I hereby make application for a license to officiate at Mixed Martial Arts matches as:**

**MMA: Judge\_\_\_\_\_ Trainer\_\_\_\_\_ Manager\_\_\_\_\_ Referee\_\_\_\_\_**  
**Timekeeper\_\_\_\_\_ Second\_\_\_\_\_**

**In accordance with Kentucky law, applicants for license as an official are required to be licensed yearly by the Kentucky Boxing and Wrestling Authority. The fee for each MMA official license type is \$20.00 and must be in the form of a check or money order, made payable to the *Kentucky State Treasurer*. No cash payments are accepted.**

**(Please Print in Ink) This form must be completed entirely. DATE: \_\_\_\_\_**

**Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_**

**State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (Home) \_\_\_\_\_**

**Work \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_**

**Fax \_\_\_\_\_ E-mail \_\_\_\_\_**

**Date Birth \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ Weight \_\_\_\_\_ lbs.**

**Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.**

**(OVER)**

**Describe your experience that would support your being granted a license to officiate.**

**(Continue on a separate sheet if needed):** \_\_\_\_\_

**Have you ever held a license to be a Official for MMA matches in Kentucky?** \_\_\_\_Yes \_\_\_\_No  
**License #** \_\_\_\_\_

**Have you ever been licensed to be a MMA Official in another state(s)?**

\_\_\_\_Yes \_\_\_\_No **License #** \_\_\_\_\_ **If yes, in what state(s)** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_Yes \_\_\_\_No

**If yes, please provide details. You may use another sheet of paper if necessary.**

**Date** \_\_\_\_\_ **Offense** \_\_\_\_\_ **Court** \_\_\_\_\_ **Disposition** \_\_\_\_\_

**APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY:**

**I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:**

**Kentucky Boxing and Wrestling Authority  
500 Mero Street  
Capitol Plaza Tower, 6<sup>th</sup> Floor, Office 601  
Frankfort, Kentucky 40601**

# **DRESS CODE FOR MMA OFFICIALS**

- **Officials should wear dress shoes except for referees.**
- **No tennis shoes will be allowed.**
- **White or blue dress shirts are to be worn and ties should be only solid colors.**
- **No official shall bring a guest to an event unless pre-approved by Kentucky Boxing and Wrestling Authority or by a KBWA employee working the event.**
- **No official shall offer or allow anyone to sit at ringside unless approved by the KBWA employee working the event.**

**Are you willing to work out of town?**      \_\_\_\_ **Yes**                      \_\_\_\_ **No**

**What days are suitable for you to work?** \_\_\_\_\_

**What days are not suitable for you to work?** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**